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PTO/SB/02 (01-05)

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/884,131
Filing Date	06/30/2001
First Named Inventor	STALLWORTH
Art Unit	2611
Examiner Name	SHELEHEDA
Attorney Docket Number	BS 00052

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR


☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:38516

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Scott P. Zimmerman PLLC		
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Signature			
Name	Scott P. Zimmerman		
Date	05/07/08	Telephone	(919) 468-2629

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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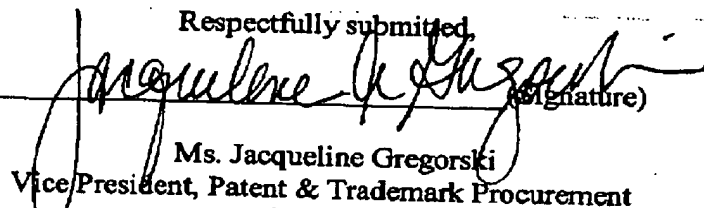
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